

1.) CORPORATION NAME:

DUE DATE: **7/31/2012****CARILION FRANKLIN MEMORIAL HOSPITAL**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **00555912****BRIGGS W ANDREWS****CARILION HEALTH SYSTEM 213 S JEFFERSON ST  
STE 720 / PO BOX 40032**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**ROANOKE, VA 24022-32**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 180 FLOYD AVE

CITY/ST/ZIP: ROCKY MOUNT, VA 24151

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	WILLIAM D JACOBSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	180 FLOYD AVE		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		

NAME:	DONALD E LORTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	1141 WINDY HILL ROAD		
CITY/ST/ZIP/CO:	GOODVIEW, VA 24095		

NAME:	RACHEL MABE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3335 FOREST COURT		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

NAME:	FLORELLA JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	97 WESTWARD ROAD		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		

NAME:	RONALD C. EVANS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	545 RIVERBEND DRIVE		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		

NAME:	VICTORIA L. GARDNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	201 TIKI TERRACE		
CITY/ST/ZIP/CO:	GOODVIEW, VA 24095		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN K. IRBY, M.D. DIRECTOR 13205 BOOKER T WASHINGTON HIGHWAY HARDY, VA 24101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE A. PETERS DIRECTOR 365 PETERS PIKE ROAD WIRTZ, VA 24184	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF POWELL DIRECTOR 260 WEAVER STREET ROCKY MOUNT, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM R. KINGERY, JR. DIRECTOR 580 KIN VALE ROAD ROCKY MOUNT, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS AYLESWORTH DIRECTOR 330 SAINT JOHNS LOOP FERRUM, VA 24088	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY HEATON DIRECTOR P. O. BOX 397 COLLINSVILLE, VA 24078	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKESH C. SHAH PRES MED STAFF 180 FLOYD AVENUE ROCKY MOUNT, VA 24151	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RACHEL MABE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RACHEL MABE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/14/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			